# This Page Is Inserted by IFW Operations and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

#### IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.

Express Mail Number EV207614817U\$ Date of Deposit - 12/3/2003

#### **Application Data Sheet**

#### **Application Information**

Application Type:

Regular

Subject Matter:

Utility

CD-ROM or CD-R?:

None

Number of CD disks:

0

Number of copies of CDs:

Title:

FATIGUE RELIEVING SUPPORT FOR STEERING

WHEELS AND THE LIKE

**Attorney Docket Number:** 

114089,120

Request for Early Publication?:

No

Request for Non-Publication?:

No

**Total Drawing Sheets::** 

6

Small Entity?::

Yes

Petition Included?:

No

Secrecy Order in Parent Appl.?:

No

#### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

USA

Status::

**Full Capacity** 

Given Name::

Douglas

Middle Name::

В.

Family Name::

Wilson

Name Suffix::

City of Residence::

Cohasset

State or Province of Residence::

MΆ

Country of Residence::

USA

Street of mailing address::

76 Jerusalem Road

City of mailing address::

Cohasset

State or Province of mailing

address::

MA

Postal or Zip Code of mailing

02025

address::

# Correspondence Information

Correspondence Customer

Number::

23483

Phone number:

(617) 526-6000; (617) 526-6183

Fax Number::

(617) 526-5000

E-Mail address::

wayne.kennard@haledorr.com

Page #2

- Initial 12/3/03

BOSTON 1788627v1

### Representative Information

Representative Customer

Number::

23483

## **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application is	An application claiming the benefit under 35 USC 119(e)	60/429,130	11/26/02
This application is	Continuation-in-part of	(not yet assigned)	11/24/03

## Assignment Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing

address::

Postal or Zip Code of mailing

address::